ering the brief time to the events from the start of erlotinib (3, 3, 5, 21, and 58 days, respectively), it is highly probable.

Previous studies have shown that EGFR was highly expressed in the epithelium of the gastrointestinal tract, and severe developmental disorders of the gastrointestinal epithelium were induced in EGFR-knockout mice.[3,4] Taking into account these preclinical data, our results may not be so surprising.

In conclusion, erlotinib frequently induces gastrointestinal ulcer when patients are administered NSAIDs without antacids. Although antacids may weaken the effectiveness of erlotinib by reducing the blood concentration of erlotinib, on the basis of our experiences, patients should be given antacids to avoid gastrointestinal ulcer when erlotinib and NSAIDs are administered concomitantly.

Young Hak Kim, MD
Katsuhiro Masago, MD, PhD
Michiaki Mishima, MD, PhD
Department of Respiratory Medicine
Graduate School of Medicine
Kyoto University
Kyoto, Japan

REFERENCES

1. Stinchcombe TE, Socinski MA. Considerations for second-line therapy of non-small cell lung cancer. *Oncologist* 2008;13 Suppl 1: 28–36.
2. Available at: http://www.tarceva.com/professional/safety/index.jsp. Accessed March 20, 2010.
3. Miettinen PJ, Berger JE, Meneses J, et al. Epithelial immaturity and multiorgan failure in mice lacking epidermal growth factor receptor. *Nature* 1995;376:337–341.
4. Sibilia M, Wagner EF. Strain-dependent epithelial defects in mice lacking the EGF receptor. *Science* 1995;269:234–238.

The Role of Surgery in the Management of Primary Thymic Mucosa-associated Lymphoid Tissue (MALT) Lymphoma

To the Editor:

We read with great interest the recent article in *Journal of Thoracic Oncology* by Shimizu et al.,[1] who proposed a diagnosis flow chart (Figure 3) for thymic mucosa-associated lymphoid tissue (MALT) lymphoma. The diagnosis flow chart is creative and valuable and presents a clear path of identifying thymic MALT lymphoma. We extend the topic by stressing the role of surgery in the management of this rare disease.

As a malignant disease, thymic MALT lymphoma must be diagnosed finally by histologic examinations, which are known as "golden standards." Given the extreme rarity of this disease, some typical characteristics, as described by Shimizu et al., may be important clues of thymic MALT lymphoma, but they are not yet "gold standard" in diagnosis of this disease. Thus, for exact histologic diagnosis, biopsy is necessary. But in small biopsy, such as percutaneous needle biopsy, it is sometimes difficult to differentiate thymic MALT lymphoma from thymoma because of similar histologic mixture of lymphoid cells and epithelial cells in small biopsies.[2] Then, surgery is usually unavoidable for enough tumor biopsy, as reported in most cases of the literature.

On the other hand, according to our experience and information from the literature, thymic MALT lymphoma seems to be a special lymphoma that develops mostly within the thymus and is often encapsulated by an intact membrane.[3] Local invasion or distal metastasis is barely reported for this disease. There should be no more difficulty to perform a surgery on thymic MALT lymphomas than on common thymomas. Therefore, we suggest that when thymic MALT lymphoma is highly suspected by some typical characteristics, surgery be reasonably recommended to manage the anterior mediastinal mass. Surgery should be performed not only as an approach of obtaining enough tissues for exact histologic diagnosis but also as a choice of effective treatment by removing the disease completely.

Wei-An Song, MD
Nai-Kang Zhou, MD
Xiao-Dong Tian, MD
Department of Thoracic Surgery
Chinese PLA General Hospital
Beijing, China

REFERENCES

1. Shimizu K, Yoshida J, Kakegawa S, et al. Primary thymic mucosa-associated lymphoid tissue lymphoma: diagnostic tips. *J Thorac Oncol* 2010;5:117–121.
2. Kim JM. Primary extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue-type in the thymus of a patient with Sjogren's syndrome and rheumatoid arthritis. *J Korean Med Sci* 2003;18:897–900.
3. Shimizu K, Ishii G, Nagai K, et al. Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue (MALT lymphoma) in the thymus: report of four cases. *Jpn J Clin Oncol* 2005;35:412–416.

In Response:

We thank Song and coworkers for their letter in response to our recent article on primary thymic mucosa-associated lymphoid tissue (MALT) lymphoma published in the *Journal of Thoracic Oncology*.[1] We recommended the diagnostic flow chart for a cystic thymic mass but did not address the role of surgery in the management of this rare disease.

Song and coworkers stressed the role of surgery in the management of thymic MALT lymphoma. They suggested that surgery should be performed not only as an approach of obtaining enough tissues for exact histologic diagnosis but also as a choice of effective treatment by removing the disease completely. We fully agree with their opinion. As has been reported in the literature, thymic MALT lymphoma is often encapsulated, and local invasion or distal metastasis has barely been reported.[1,2] If completely resected before it spreads, excellent outcome is expected. However, if the disease is left untreated and spreads beyond encapsulation, its management can be challenging.

Disclosure: The authors declare no conflicts of interest.
Address for correspondence: Wei-An Song, MD, Department of Thoracic Surgery, Chinese PLA General Hospital, Fuxing Road 28, Beijing 100853, China. E-mail: songweian@yahoo.com.cn

ISSN: 1556-0864/10/0507-1109

Disclosure: The authors declare no conflicts of interest.

ISSN: 1556-0864/10/0507-1109